BEST PRACTICES

VISNs Establish Network-Wide Ethics Committees
by Janice Lynch Schuster,
news@vhaethics contributor

As the systems for delivering and financing health care grow increasingly complex, so too do the ethical issues facing health care institutions. To address these issues, some Veterans Integrated Service Networks (VISNs) have established special committees dedicated to addressing ethical issues that arise on a network level. Their stories can inform others who may wish to develop their own programs to tackle organizational ethics issues.

According to Thomas L. Garthwaite, M.D., Under Secretary for Health, "Ethical issues are an integral part of organizational decision-making. As health care executives and policy makers, we have a responsibility to consider the ethical aspects of everything we do."

"Organizational ethics is still in its infancy," notes Ellen Fox, M.D., Director of VHA's National Center for Ethics. "Organizational ethics has been defined in several different ways. We think of clinical ethics as focusing on what is right for a particular patient. But when organizations become ethical actors, the issues range from patient care policies to the uniform benefits package to billing practices. Organizational ethics can also include how the institution defines and communicates its mission and values."

In response to such problems, VISNs 2 and 14 have set up network ethics committees. Both committees have similar goals, but each takes a different approach. The purpose of these committees is four-fold:

- Educate colleagues
- Consult on specific cases or issues
- Develop or comment on policy that guides the organization
- Offer quality improvement feedback for local ethics committees

In Upstate New York, VISN 2 includes four VA Medical Centers and twenty-two Community Based Outpatient Clinics. Together they comprise the Western New York VA Health System. Ted Bleck, a Senior Chaplain at the Canandaigua VA Medical Center, helped to establish a Network Ethics Advisory Council. "We started the Council because some issues at the network level really had a local effect, and we wanted a forum in which to discuss network-wide ethical problems and how they might be resolved," Bleck said.

From the start, the project had the support of the VISN 2 Director, Frederick Malphurs, who has a broad vision for what such a committee can do. "My interest

is in standardizing best practices in the network, so learning across the network supports a one-standard-of-care paradigm." Malphurs adheres to the broad definition of organizational ethics, saying, "I do not limit the Network Ethics Council to bioethics, and in fact I think that 'managed care' ethics and managerial ethics should be or will be within their purview."

VISN 2's Network Ethics Advisory Council includes a broad representation from the VISN, including members from each VA Medical Center's Ethics Advisory Committee, practitioners from each of several care lines, and representatives from the network administrative office. The Council meets via videoconferencing because the drive time between some facilities is five hours.

The Council has dealt with network-wide issues such as ethical billing practices and equitable access to care. For example, in one case veterans living in one geographic area could go to a local private facility and have their care paid for, while veterans living outside that area were financially responsible for their care. This difference, Bleck explained, created ethical concerns about fairness, quality, and cost.

Response to the Council in VISN 2 has been enthusiastic. Dr. Larry Flesh said that when Ted Bleck first proposed the endeavor, "the response was not 'why?' but 'how soon can we start?'" Flesh, who co-chairs the Albany VAMC NY Ethics Advisory Committee, explained, "As Network 2 became an entity, it was only natural to form a larger base committee that served as a forum for real, patient-centered ethical issues as well as an education forum for the rest of the network."

Stephen Wear, Ph.D., has been an ethics consultant to the Buffalo VAMC NY since 1986. He said, "One of the major tasks this Council will face will be to standardize relevant policies across the network. This will clearly take tremendous give-and-take, but I feel we are proceeding apace." Wear hopes that the group will "learn from each other and thus improve our own policies and practices beyond what we have now." He also expects the group to become involved in network-wide ethics training. "Here, we can pool resources (policies and personnel) to jointly develop educational modules and respond to more systemic issues that are often missed, or at least given shorter shrift, by busy local folks."

Meanwhile, thousands of miles away, Heather Ohrt, M.D., a radiologist and ethicist at the Iowa City VAMC, is working to create a Network Ethics Committee that "can effectively serve the entire network, including its leadership." The VISN 14 group is currently putting together its charter and defining its responsibility, resources, budget, and accountability. The task has not been an easy one. "Our committee is going to be a more *ad hoc* one [than the one in VISN 2]. Our assignments will come from the VISN Director and the Executive Leadership Council (ELC). We will serve in an informal, consultative way," Ohrt said. "Right now, there are 10 of us on the committee, including an ethicist who is not

employed by VHA, and we're looking at questions such as: What is our function? Are there conflicts of obligation? Are there conflicts of interest?"

Ohrt thinks that over time the committee will demonstrate its value to the medical centers in the VISN. She likens her experience to that of early ethics committees and ethics consultants, who were first greeted with skepticism and distrust but are now viewed as an essential part of hospital work. "Groups need to know that it might not be easy to do this and that you can run into many obstacles. You need buy-in right away from the VISN Director and the ELC, and you need to help people see the merit of having many voices come together to reach acceptable decisions," Ohrt said.

Wear, who has developed ethics committees at many organizations in the state of New York, noted, "without institutional support, such efforts just fail, period …. From where I sit, every VISN needs to embark on just this sort of endeavor."

"Organizational ethics is important to VHA's mission." said Dr. Garthwaite. "These Network efforts are good examples of how it can be done. But there is no one-size-fits-all solution, best practices will need to be assessed. One thing's certain - in the future organizational ethics will be a key component of health organizations."